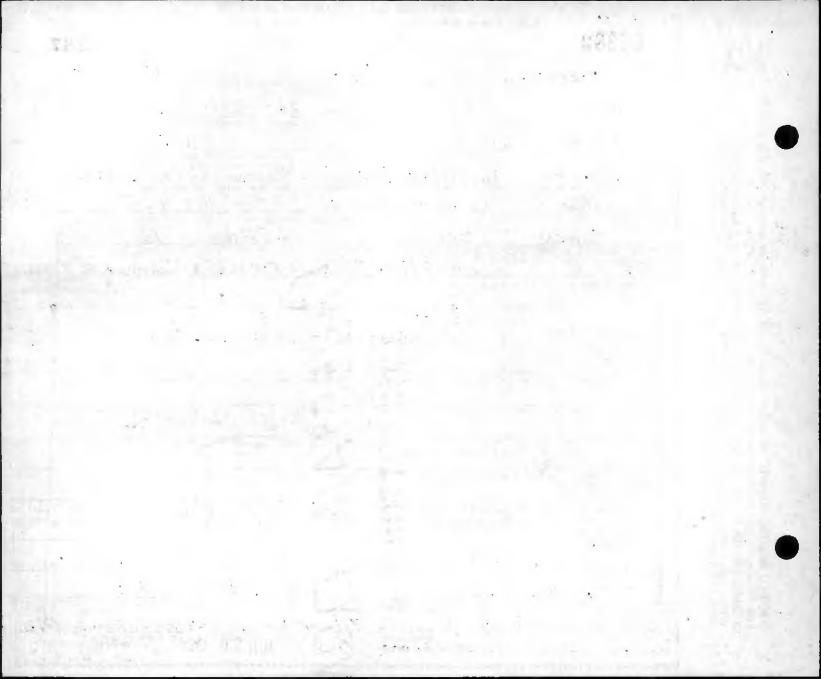
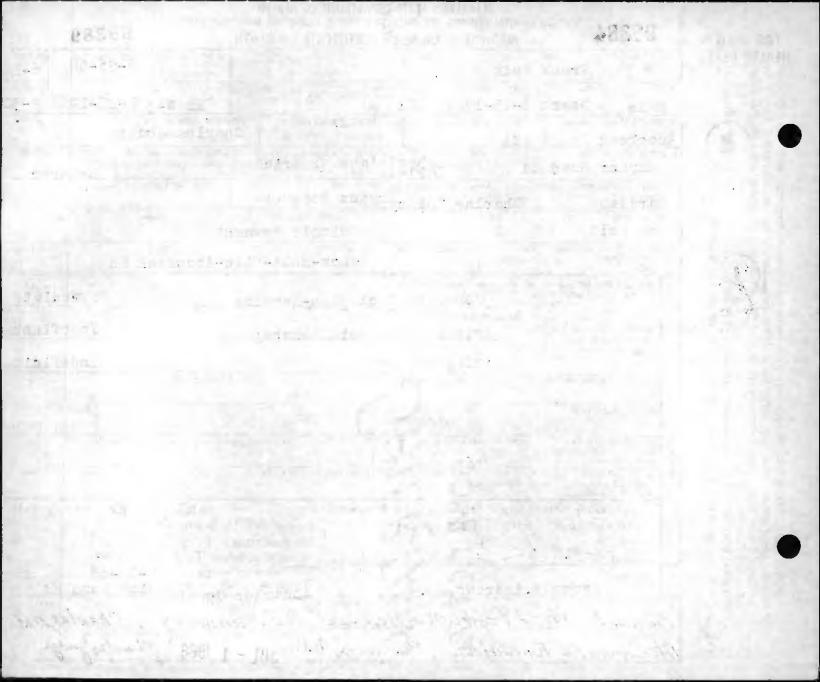
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

(AA) DS3820 CERTIFICATE OF D	EAIH USSS7
1. DECEASED-NAME First Middle Last (Type or print)	20. DATE OF DEATH 2b. HOUR
B ESB DERNARD DENNET	T June Month/3 Day 1968 M
3. SEX A RACE S. DATE OF BIRTH  2 - 3	A second part of the second part
3. SEA  MALE  CAU.  70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED  NEVER MARRIE  NEVER MARRIED	16-1906 GZ YRS. MONTHS DATS HOURS MIN.
70. BIRTHPLACE (State or foreign Country)  75. CITIZEN OF WHAT COUNTRY?  8. MARRIED  NEVER MARRIE  WIDOWED  DIVORCEI	
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	120. USUAL OCCUPATION (Kind of work done   12b. KIND OF BUSINESS OR
70. BIRTHPLACE (State or foreign country)  70. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIE WIDOWED DIVORCET  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or one of the country)  130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  131. COUNTY HARLES WALDORF  141. FATHER'S NAME First Middle Last 15. MOTHER'S MAID!	during most af warking life, even if retired.) INDUSTRY KESTAURENTEUR RESTAURANT
130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b. COUNTY CHARLES WALDER YOU	INSIDE CITY LIMITS? 13e. STREET AND NUMBER
13b. COUNTY CHARLES WALDORF YOUR FIRST NAME First Middle Lost IS, MOTHER'S MAID	F - N1 100
14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDI  SIMON BENNETT  160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	EN NAME First Middle Lost
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDI  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT	Address
Yes, no, erynknown) (If yes give wor or dates of service) 214-28-1773 CECELIA	BENNETT, WALDORF, MD.
16d. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. erunknown)  18. CAUSE OF DEATH (Enter only one cause per line far (d), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE 10, OR AS A CONSEQUENCE OF	t farting 2 days
DUE TO, OR AS A CONSEQUENCE OF	neigh of the
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove is to immediate cause (a), storing the underlying cause  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	wor (and is-
SO TO	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D	ISEASE OR CONDITION GIVEN IN PART 1(0)
9 - NTE	
SE S	20 JOHN IS VEC WEDE CHANNINGS CONSCIREDED IN CERTIFYING
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY PER DE 20a. AUTOPSY P	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
THE STATE OF INJURY OF INJURY 21c. HOW INJURY OCCUR	CAUSES OF DEATH?
To contributing cause of Death HOUR A.M. Month Day Year P.M.	NO CAUSES OF DEATH?
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Day Year   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION   Street of the street	NO CAUSES OF DEATH?
TO CAUSE OF DEATH    OUR A.M. Month Day Year   19	NO CAUSES OF DEATH?  RED (Enter noture of injury in Port 1 or Port 2, Item 18.)  IT R.F.D. No. City ar Tawn Caunty State
OSCIPLE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f, LOCATION Street of the deceased from saw the deceased give and that in (my)	NO CAUSES OF DEATH?  RED (Enter noture of injury in Port 1 or Port 2, Item 18.)  IT R.F.D. No. City ar Tawn Caunty State
ON CONTRIBUTING CAUSE OF DEATH    ON CONTRIBUTING CAUSE OF DEATH   HOUR A.M. Month Day Year   19   19	RED (Enter noture of injury in Port 1 or Port 2, Item 18.)  or R.F.D. No. City ar Tawn Caunty State  1, 19 (28., 1a 3, 19 (3, 19 (4)), that (1) (we) last (our) apinian death accurred an the date and haur and fram the
Description of the deceased dive an attending cause stated abave, (1) (we) (did) (did nat) view the body after death.    Common of the deceased diversity of the deceased from the deceased from the deceased diversity of the deceased from the deceased diversity of the deceased from the deceased diversity of the deceased diversity of the deceased from the deceased diversity of the deceased diversity of the deceased diversity of the deceased from the deceased diversity of the deceased diversity of the deceased from the deceased diversity of the deceased diversity of the deceased diversity of the deceased diversity of the deceased from the deceased diversity of the deceased diversity of the deceased from the deceased diversity of the deceased from the deceased diversity of the deceased from the deceased from the deceased diversity of the deceased diversity of the deceased diversity of the deceased from the deceased diversity of the deceased diversity of the deceased from the deceased diversity of the deceased diversity of the deceased from the deceased diversity of the dec	RED (Enter noture of injury in Port 1 or Port 2, Item 18.)  or R.F.D. No. City ar Tawn Caunty State  4, 1968, ta 3, 1968, that (I) (we) last (our) apinian death accurred an the date and haur and fram the
OFFICE BUILDING TO Street or DEATH OFFICE BUILDING, CECURED While at work at w	RED (Enter noture of injury in Port 1 or Port 2, Item 18.)  or R.F.D. No. City or Town County State  Courty apinion death accurred an the date and hour and from the DIRECTOR STAFF PHYS. I Helder Court County State
OR CONTRIBUTING CAUSE OF DEATH   HOUR A.M. Month Day Year   19   19   19   19   19   19   19   1	RED (Enter noture of injury in Port 1 or Port 2, Item 18.)  or R.F.D. No. City or Town County State  Courty apinion death accurred an the date and hour and from the DIRECTOR STAFF PHYS. I Helder Court County State
OR CONTRIBUTING CAUSE OF DEATH   HOUR A.M. Month Day Year   19   19   19   19   19   19   19   1	RED. CAUSES OF DEATH?  RED. (Enter noture of injury in Port 1 or Port 2, Item 18.)  Ir R.F.D. No. City ar Tawn Caunty State  (our) apinian death accurred an the date and haur and fram the DIRECTOR STAFF 22c. DATE SIGNED HAYS.    DIRECTOR   STAFF   22c. DATE SIGNED   House Cast   House Cast



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DECEASED-NAME 20. DATE KNOWN Month Doy 2b. HOUR (Type or Print) Lelia Elizabeth Driver ESTI-DEATH MATED X 6-29-6819 40 delow 7 3 IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD with the Stote Department 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH 2d. HOUR 10 Billinday) Female W-US Gadacatas Year 23-01 9. COUNTY OF DEATH Charles 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED (ovolg) lliamsburg WIDOWED -DIVORCED [ in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR hours after death Fenwick give streBryans Road Thing rose of marking life, even if retired.) INDUSTRYome 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LUMITS? 13e. STREET AND NUMBER Charles Bryans Road Fenwick 1 and 2 after 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Middle Unknown Price. (579262657) pages hours MaryLou Finkle 55 Washington D.C ADDRESS 18-Davis Daught 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO pencil be executed within File E APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending Immediate IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove Indefinite Congestive Heart Disease rise to immediate cause (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .≡ () Arterio Sclerosis General Indefinite PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D be used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 NO [ the certificate. 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should 4 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. **EXAMINER:** CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State Poge factory, office building, etc.) WHILE NOT WHILE T may be retoined far FUNERAL DIRECTOR: 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection X Inquiry Tx and in my opinian Natural causes Accident . Suicide . death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 6-29-68 DEPUTY MEDICAL EXAMINER EXAMINER'S eolth E. Andrews MD Indian Head DD My Street, city, town, or county) James 50 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BEMOVAL (Specify) 7-2-68 Epiphany Church Cemetery Forestville, Maryland 24. FUNERAL DIRECTOR Wilhelm Funeral Home 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ochanles 4308 Suitland Rd. SE, Suitland, Maryland 1968

हमां प्रत्ये तक दान का का कि हमां कर कर मां का पुरु अविद्याल का का हमां है। + Annadammanamana nanamanamana my to 13 at electrically and put the second and the second The second of th



//1	MARYLAND STATE DEPARTMENT OF HEALTH
5/	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	385 Items 7,8, MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	1. DECEASED-NAME, First 1 Middle Last 20. DATE KNOWN Mapth Day Year 2b. H
\$ 0 e 5	(Type or Print) + LOYD HAXDU INGC OF ESTI- 6/2 G8
P 20 0	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE IN MOORS IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. H
and and M3.	1 C 2-326 Light birth got MONTHS DAYS HOURS MIN. Manth Day 3 Year 68
1, 2, a rm PM Depart	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 19. COUNTY OF DEATH)
orn orn	(country) Varginia USA WIDOWED DIVORCED (Marles)
Give Pages 1, png with farm the State De	10. CITY ON TOWN OF DEATH . 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION Kind of work done 125 KIND OF BUSINESS O
the we he	Illustice give street old posset which the during most of working the great retired thoustry
	138. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN  odmission) STATE DC 13b. COUNTY  Washington  YES NO 12th Street NW
v = h = 01/	Madrittig von
Hours John Start	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
2 5 5	
J/I within 24 n pencil in Examiner's File poges	16a. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, na, or unknown) (If yes give war or dates of service) 73 / 17 INFORMANT  ADDRESS
with with 22	APPROXIMATE INTERVAL
ecuted ing" in edicol E ermit. F	18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) fand (c).)  PART I, DEATH WAS CAUSED BY:
executed inding in Medical I permit.	IMMEDIATE CAUSE (a)
Id be executed rd "pending" in Chief Medical -transit permit.	Canditions, if any, which gave )  DUE TO, OR AS ECONSQUENCE OF  Canditions, if any, which gave )
d be d 'p Chief	rise to immediate cause (a).
A 5 6 8 9 9	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
the short the value of the short of the shor	(c)
0.000	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
vertificat writing rwarded sed as a	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES NO  21a. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Day, Year  21c. HOW HOTHERY OCCURRED (Enter nature of injury in Part of Part 2 Item 18.)
be e	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year , 21c. HOW HOURY OCCURRED (Enter nature of injury in Part for Part 2, Item 18.)
+	
MINER: the certif 4 should ur files. e 3 shauld emotion,	PRIMARY OR CONTRIBUTING HOUR A.M. 6-12 19 68 Siee from Coall  CAUSE OF DEATH  P.M. 6-12 19 68 Siee from Coall  Zid. INJURY OCCURRED 216-PLACE/OF INJURY (At home, form, street, 21f. LOCATION/Street or R.F.D. No.) (ity or Town County Sto
M # 4 # M	WHILE NOT WHILE TOCKEN, Office building, etc.)
100 5 01 MA	
* X . T O E / X	220. I certify that took charge of the remains described above, held an Autopsy , Inspection , Inquiry and in my opin death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner
2 S S S S S S S S S S S S S S S S S S S	
TY Please by, please and directions retains the prior to be prior	ACTUAL  SIGNATURE  ASSISTANT MEDICAL EXAMINER  22b. DATE SIGNED
P No B Y	MICHARIUME MICHARIAN PARAMURE AND
necessory, plane funerol s moy be re FOUNERAL Health prior	NAME (Type)  EXAMINER'S  ADDRESSIBILITIES, city, town, or county)
o D D The CO D Heo Heo	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
-	British 4-16-48 Church Danvillo Va
	24. FUNERAL DIRECTOR ADDRESS ASIGNATURE,
VR A15ME (5) 10M REV. 1/68	11 arsow & 3435-111-SENUMENTE 1000

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate; be executed within 24 hours after death.

Page 4 may be retained by the haspital at attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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J	10	15	54	3
-	-	200	44	-

and 2 death.		CEASED-NAME First Ype or print) Howa	rd Randolph	Kelly	East	2a. DATE OF DEA	11 4 0	2,1 <sup>Yeor</sup> 68 2b. HOUR
by the funeral Pages 1 and 2 Ours after death.	3. SE	Male	4. RACE	A	DATE OF BIRTH	922	AGE (In years 15 birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
popers. Fin 224 ou	Cour	BIRTHPLACE (Stote or foreign http:/ Virginia	76. CITIZEN OF WHAT COUNTRY?  U.S.A.	WIDOWED		9. COUNTY OF DEA	rles	Md.
bank po	L.	a Plata	11. NAME OF HOSPITAL OR I give street address) Physician:	s Mem.	Hosp. during	UAL OCCUPATION (Kin most of working life, PROPERTOR	even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Constr.
and campletely from remove carban, n any event, with	admi	ssion) STATE Md.	sed lived, if institution: Residence before 13b. COUNTY Charles	Waldo	rf YES	NO Rt	AND NUMBER  1 Box 2	90-B
on and are rem		Carter  WAS DECEASED EVER IN U.S. ARM	Middle Last  C. Kelly  MED FORCES? 166, SOCIAL SECURIT		MOTHER'S MAIDEN NAME ATI ORMANT	first nanda	Middle V	Keys
en ple over, a	Y	es no, ar unknawn) (If yes give w	war or datas of service) 721-03-	6318 Ma	rtha W. F	Kelly, Wa		Md. 20601
affending permit. In ian, or rem		PART I. DEATH WAS CAUSE	ATE CAUSE (o)	y o con	er Jufor	tun		BETWEEN ONSET AND DEATH
the nsit		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause	(b)	nerelyl	Crilw.V.	sol Rent a	Xhorsle_	you
physician. signed by the burial-transit burial, crema		last.	(c)	NOT RELATED TO	THE TERMINAL DISEASE OF	RCONDITION GIVEN IN	PART I(o)	
be retained by the haspital of arrenaing physician DIRECTOR: After this certificate has been signed by ye 3 should be detached for use as the burial-trailed with the State Dept. of Health prior to burial, cre	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a, AUTOPSY? YES NO 5	CALISES OF		ONSIDERED IN CERTIFYING
ne haspital ar his certificate efached far us Dept. af Healt	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIND OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examination)	TH HOUR A.M. Month Day Yes		V INJURY OCCURRED (En	eter nature of injury in	Port 1 or Port 2, 1	tem 1B.)
rhe haspr r this certi detached te Dept. a	WE	While Nat while at work	. PLACE OF INJURY ( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.					County State
<b>DR:</b> After auld be the Stat		saw the deceased a	his hospitol) ottended the decear alive an	19_6 and	that in (my) (our) o	pinian death occu	rred on the da	te and hour ond from the
be refained  DIRECTOR: ge 3 shaulo led with the		22b. SIGNATURE	John O Novem	DEGREI	11117.	MED. ST DIRECTOR P	AFF HYS.  22c. I	DATE SIGNED 6 - 2 4 - 6 8
P P P P P P P P P P P P P P P P P P P			ard Dobson M.D			ywine, Mo		
To FUNER director, shauld be		BUT1 (Specify) 6-	25-68 Trin		.Gardens		dorf, CI	(County) (Stote)
VR A15 (4) 30M REV. 1/68	24. ]	funeral director H <b>untt Funera</b>	1 Home, Waldorf	, Md.	250. REC'D DATE JU	N 2 6 196	B REGISTRAR'S	ries Judge

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	- 1		CERTIFICATE OF DEATH	003%
			DECEASED-NAME First Middle MILLER June Manth 22 Day 1	968 2b. HOUR
		a se	Male Sept. 19, 1894 6 AGE (in years Fundament)  Sept. 19, 1894 73 YRS.	DER I YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.
		caun	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWCO DIVORCED Charles	Mo
1	7	10. 0	La Plata   Thysicians Memorial Hosp. Ret over the left of the left	Laborer
0	¥	13a. admi:	USUAL RESIDENCE (Where deceased lived, if institution Residence before nission) STATE Maryland 13b. COUNTY Charles Dentsville YES NO \(\frac{1}{2}\)	
		14. F.	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
		lóa. Ye	n. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown)	Md. .La Plata.
			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CEREBRAL THROM FOSLS  IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH  THE COMPANY OF THE C
			Canditions, if any, which gave nse to immediate cause (a), stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	10 years
			lost.   (c)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	)	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSID CAUSES OF DEATH?	ERED IN CERTIFYING
		DICAL CER	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) P.M.	18)
		ME	21d. INJURY OCCURRED While Not while of work of the building, etc.  21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.)  21f LOCATION Street or R.F.D. No. City or Town Company of Work of W	unty State
			22a. I certify that (1) (this hospital) attended the deceased from 196 s. 1a 6 = 22 60 sow the deceased alive on 196 and that in (my) (our) opinion death occurred on the date of causes stated above, (1) (we) (did) (did not) view the bady after death.	, that (I) (we) las nd hour ond from th
			22b SIGNATURE 22c. QATE	24.65
	1	,	22d. PHYSICIAN'S NAME (Type) TEMI SOFFNS ON 22e. ADDRESS LA PLATA No.	
			BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Co	ounty) CO U(State)

VR A15 (4) 30M REV, 1/68

be executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital ar attending physician.

Arehart

Inc. Funeral Home

Plata

1968 DATE 111N



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

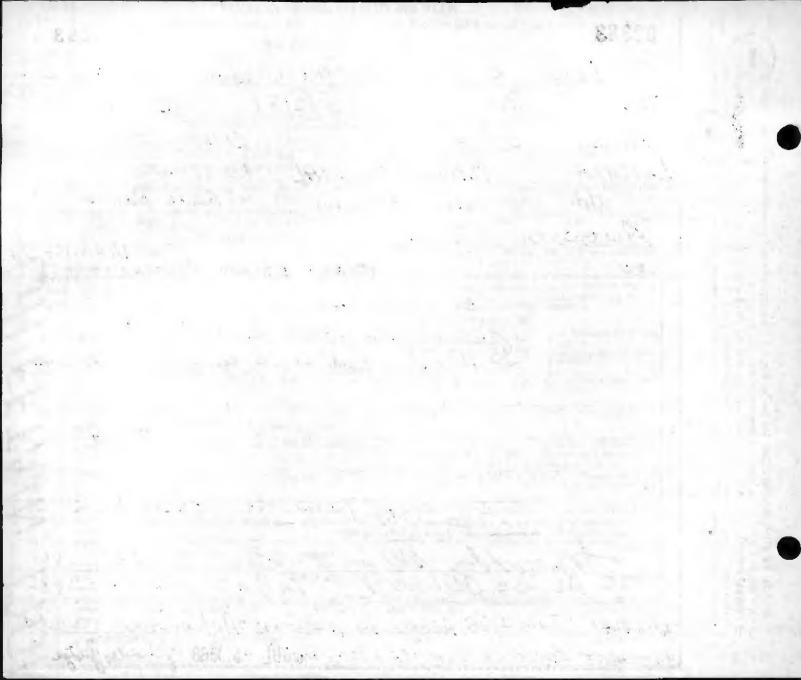
09388 18393 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME Middle 2b. HOUR ond 2 death. by the funeral (Type or print) CHELL 4. RACE IF UNICER I YEAR IF UNOER 24 HRS. requires that the death certificate be executed within 24 hours after 6. AGE In years Koges las (burthday) 7g. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) PHARLES WIDOWED DIVORCED [ CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPAT 12b. KIND OF BUSINESS OR remove corbon 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 138. INSIDE CITY LIMITS? 3e. STREET AND 13b. COUNTY NO W IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle last Middle UNKNOWN NNER 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na ar yaknawn) the ottending phy 18. CAUSE OF DEATH (Enter only one cause per line for-(a), (b), and (c).) BETWEEN ONSET AND CEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) buriol-transit rise to immediate cause (a), QUE TO, OR AS A CONSEQUENCE O stoting the underlying cause signed l PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO \ O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) j OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION State Street or R.F.D. No. City or Town County While Mat while at work 22a. I certify that (I) (this haspital) attended the deceased from 1968, to 20 percent of the date and have and from the at wark saw the deceased alive an 2 1968, and that causes stated abave, (1) (we) (did) (did nat) view the bady after death. be retained should director, page 3 sha should be filed with 22b. SIGNATURE ATTENDING PHYS. DEGREE DIRECTOR 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County)

VR A15 (4) 30M REV. 1/68 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR"

REMARKET FUNERAL HOME LA PLATA DRAJUI - 5 1968

Jelianles Judge

2Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 38394 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN ESTI-Month Day (Type or Print) delay to d' MARY DEATH MATED TDA 4. RACE 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD January Female White 7a. BIRTHPLACE (State or foreign MARRIED ANEVER MARRIED 9. COUNTY OF DEATH country) Maryland Item 18. Give Pages 1 WIDOWED DIVORCED Charles 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working the even if retired.) INPUSTRY
SIDE CITY LIMITS? 13e. STREET AND NUMBER give street oddress) LaPlata 106 St. Mary 's Ave.

130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN l and 2 with YES NO odmission) STATE 13b. COUNTY 106 St. Mary's Ave haurs Charles 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First MUDD JOSEPH ELENOR 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, pe, or unknown) 220-26-6565 J. Ben Walker-Husband-La Plata, Md. 116 within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY permi pending IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), This certificate should writing the ward DUE TO OR AS A CONSEQUENCE OF stating the underlying couse . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O Q S 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) Page 3 should PRIMARY OR CONTRIBUTING HOUR A.M. SICAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County factory, office building, etc.) WHILE NOT WHILE 220. I certify that I took charge of the remains described above, held on Autopsy XX may be retained for FUNERAL DIRECTOR: Inspection Inquiry and in my opinion Natural couses XX. Accident Suicide deoth resulted from: Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATUR July 1, 1968

VR A15ME (5)

5 m TO FUN. Health

**EXAMINER'S** 

NAME (Type)

23a. BURIAL CREMATION

24. FUNERAL DIRECTOR

Arehart Funeral Home, Inc. - La Plata, Md. | Dall

23c. NAME OF CEMETERY OR CREMATORY

Mt. Rest Cemetery

Edward F. Wilson, M.D.

7/3/1968

25a. REC'D BY REGISTRAR

23d, LOCATION (City or Town)

La Plata .

ADDRESS(Street, city, town, or county)

DEPUTY MEDICAL EXAMINER

REGISTRAR'S\_SIGNATURE

(County)

Maryland

2b. HOUR

APPROXIMATE INTERVAL

YES XX NO

Stote

